

- Title** Rare visceral surgery procedures by laparoscopy
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### Aim

Laparoscopy is a technique that allows the performance of procedures in the abdominal cavity without making a large opening in the abdominal wall, in contrast to open surgery (laparotomy). This technique was developed in the 1980s; since then the proportion of surgical procedures performed by this approach has gradually increased. Many procedures historically done by laparotomy (open surgery) have been done by laparoscopy.

The Union nationale des caisses d'assurance maladie [Association of Health Insurance Funds, UNCAM] has requested the opinion of HAS on the inclusion of the laparoscopic approach for nine rare visceral surgical procedures, already listed in the Classification commune des actes médicaux [Joint classification of medical procedures, CCAM] by laparotomy (open surgery).

The aim of this assessment is to analyse the consistency between the application, the available literature and the position of professionals.

### Conclusions and results

Given the available literature data and the opinion of stakeholders, HAS recommends the inclusion of the following procedures:

- partial splenectomy by laparoscopy when the equipment is appropriate for the patient's body size, in facilities with an expert team experienced in performing this procedure and subject to the establishment of a registry for identifying complications related to using this approach.
- spleen haemostasis with preservation of the spleen by laparoscopy when the equipment is appropriate for the patient's body size;
- suturing a wound or perforation of the small intestine by laparoscopy in facilities with a team experienced in performing this procedure with weekly practice of laparoscopic surgery.

Given the lack of available literature data and the opinion of stakeholders, HAS does not recommend the inclusion of the following procedures:

- partial remnant gastrectomy with continuity restoration by laparoscopy in the indications of stomach cancer relapse.

- secondary total gastrectomy with continuity restoration by laparoscopy in the indications of stomach cancer relapse.
  - hepatic duct and gastrointestinal tract anastomosis (biliary bypass) on the convergence of the hepatic ducts by laparoscopy;
  - hepatic duct and gastrointestinal tract anastomosis (biliary bypass) above the convergence involving several hepatic ducts by laparoscopy;
  - hepatic duct and gastrointestinal tract anastomosis (biliary bypass) involving a segmental hepatic duct by laparoscopy;
  - removal of an abdominal wall prosthesis by laparoscopy.
- and recommends setting up clinical studies to define eligible patient populations and provide information on the efficacy and safety of these procedures.

HAS had not delivered an opinion regarding inclusion of partial remnant gastrectomy with continuity restoration by laparoscopy and on total secondary gastrectomy with continuity restoration by laparoscopy in the indications of reversals of obesity surgery. Given the diversity of clinical situations, emerging issues from post-obesity surgery reoperations and the number of reversal procedures insufficiently described by the wording assessed, HAS believes that it would be necessary to carry out a specific project on this subject.

### Methods

The method selected is a short procedure that breaks down as follows:

- making an inventory of available data for each procedure;
- analysing the information provided:
  - checking the consistency of the application with any good practice guidelines identified by a thorough search.
  - analysing the feasibility of the procedure;
- collecting, through a survey, the point of view of the professional boards concerned.

### Written by

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